

Effective December 29, 1999

Application or Docket Number

599808

						770-0				
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL E		OR	OTHER SMALL I			
FOR		NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE							345.00	OR		690.00
то	TAL CLAIMS	80	minus 2	0=		X\$ 9=		OR	X\$18=	1080.
	EPENDENT CLA		_ minus 3	3 = †		X39=		OR	X78=	858.0
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT			+130=		OR	+260=	
* If	the difference i	n column 1 is l	ess than zei	ro, enter "0" in c	column 2	TOTAL		OR	TOTAL	2628.
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	*** ENDENT OF AIM	=	X39=		OR	X78=	
\vdash	FIRST PRESE	VIATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Column 2)	(Column 3)	ADDIT: I EL				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
-	FIRST PRESE	NIATION OF MO	JETIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
H	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPEN ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Forms for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 599808

Total Fee Calculation

				- -		
	Fee Code	Tacal # Claums	Stumber Etter X	Fac	Fae	- Total
ر العداد Filing Fee	Sm/Lg 2017(3)			Sin Entiry	Lg Eating	
Total Claims > 20	203/(0)	80	60 ×			$\frac{600}{600}$
Independent Claum; >)	<u> 200/02</u>	<u>H</u> :-	<u>11</u> ×			8580
Multi Disp Claim Present Sursharge	205/105					
English Translation	110			***************************************		13000
TOTAL FEE CALCULA	TION	·				

TOTAL FEE CALCULATION

Fees d	של עבמת	filing	نازو	application
--------	---------	--------	------	-------------

Total Filing Fees Due = 5 2796.	
Less Filing Fees Submitted - 5	
BALANCE DUE = 5 2756.	
Office of Initial Patent Examination	
SOUND STATE	Limmer

1 18 urc 7

FORM OIPE-RAM-01 (Rev. 12/97)